New Jersey Department of Health and Senior Services Infectious and Zoonotic Diseases Program

PATIENT SYMPTOMS LINE LISTING (Gastrointestinal Infection)

E-

									F	Patie	nt S	ymp	tom	s (GI)								
Name, Address and Telephone Number		Case	Age	Sex	Abdominal Pain	Bloody Stool	Chills	Diarrhea	Fever	Headache	Muscle Ache	Nausea	Vomiting	Other	Date of Onset	Time of Onset	Incubation	Duration	Saw Doctor	Medication	Hospitalization	Specimen	Comments
1																							
2																							
3																							
4																							
5																							
6																							
7																							
8																							
9																							
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New Jersey Department of Health and Senior Services Infectious and Zoonotic Diseases Program

PATIENT FOOD HISTORY LISTING (Gastrointestinal Infection)

E-

Name, Address and Telephone Number						Mer	nu Ite	ems					
													Comments
1													
2													
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